

Name
in
Full

CERTIFICATE OF DEATH

George H Burch

Town

County

MARYLAND

Died at Mrs C Charlotte Hall

St Marys

Date

of death 1909

Month

11

Day

27

Age

38

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Mary

Occupation

Farmer

Where Residing if not
at place of death

farm of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Lillian Burch Hunter

Father's
Name

William E Burch

Father's
Birthplace

Mary

Mother's
Maiden Name

Jane H Guy

Mother's
Birthplace

Md

Name of person giving
Information

Lillian Burch

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

10 mo

Immediate

Hemiparesis

How long

2 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Halethorpe

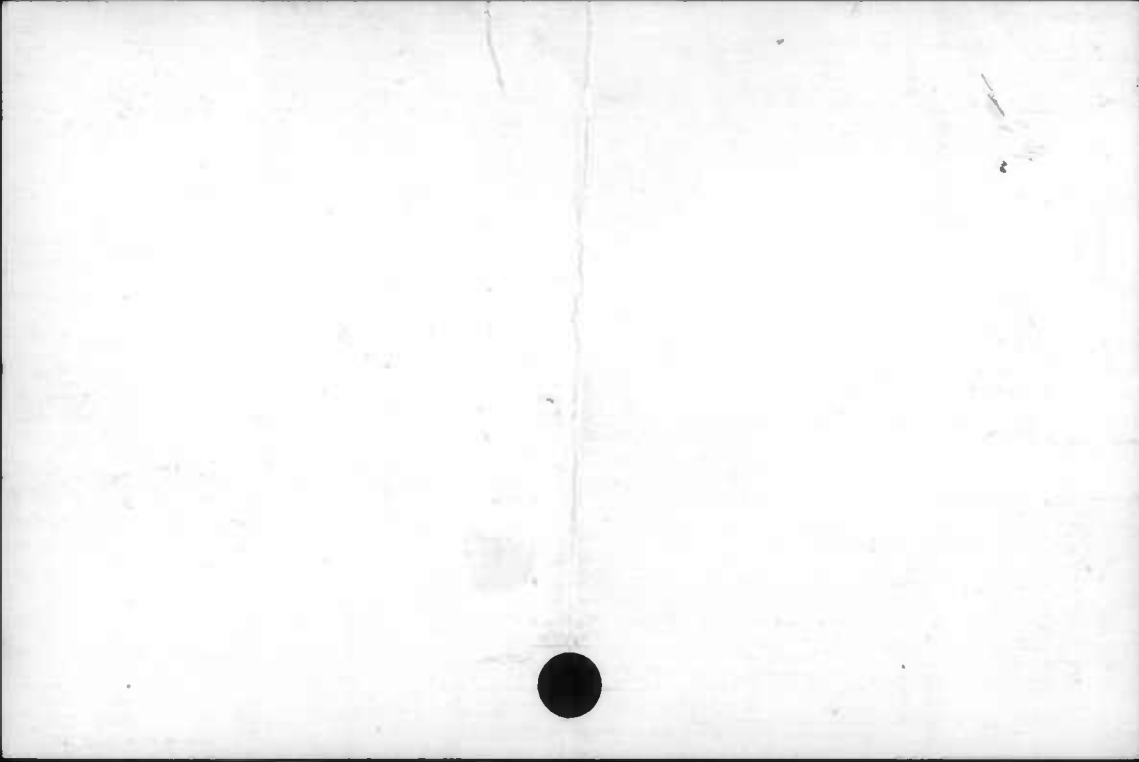
Address

Baltimore

Mary

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bernard Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-----------------------------------|--------------------------------|----------------------------|--------------------------|
| Died at <u>Leonardtown</u> ^{Town} | | <u>St Marys</u> ^{County} | | MARYLAND | |
| Date of death <u>1909</u> | <u>Nov</u> ^{Month} | <u>29</u> ^{Day} | <u>30</u> ^{Years} | <u>—</u> ^{Months} | <u>—</u> ^{Days} |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>St Marys Co</u> | | |
| Occupation <u>Farm</u> | Where Residing if not at place of death <u>—</u> | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Ranmin Jones</u> | | | | |
| Father's Name <u>Don't know</u> | Father's Birthplace <u>St Marys Co</u> | | | | |
| Mother's Maiden Name <u>Miss Wathin</u> | Mother's Birthplace <u>St Marys Co</u> | | | | |
| Name of person giving information <u>Mrs Ranmin Green</u> | How related to deceased <u>4</u> | | | | |

CAUSES OF DEATH

(4)

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Punctured Lung</u> | How long <u>8 weeks</u> |
| Immediate <u>Gunshot wound in back</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Thos Spink</u> |
| | Address <u>Leonardtown</u> |
| Accident or Suicide? <u>Suicide</u> | <u>md</u> |



Name
in
Full

James E. Hayward

CERTIFICATE OF DEATH

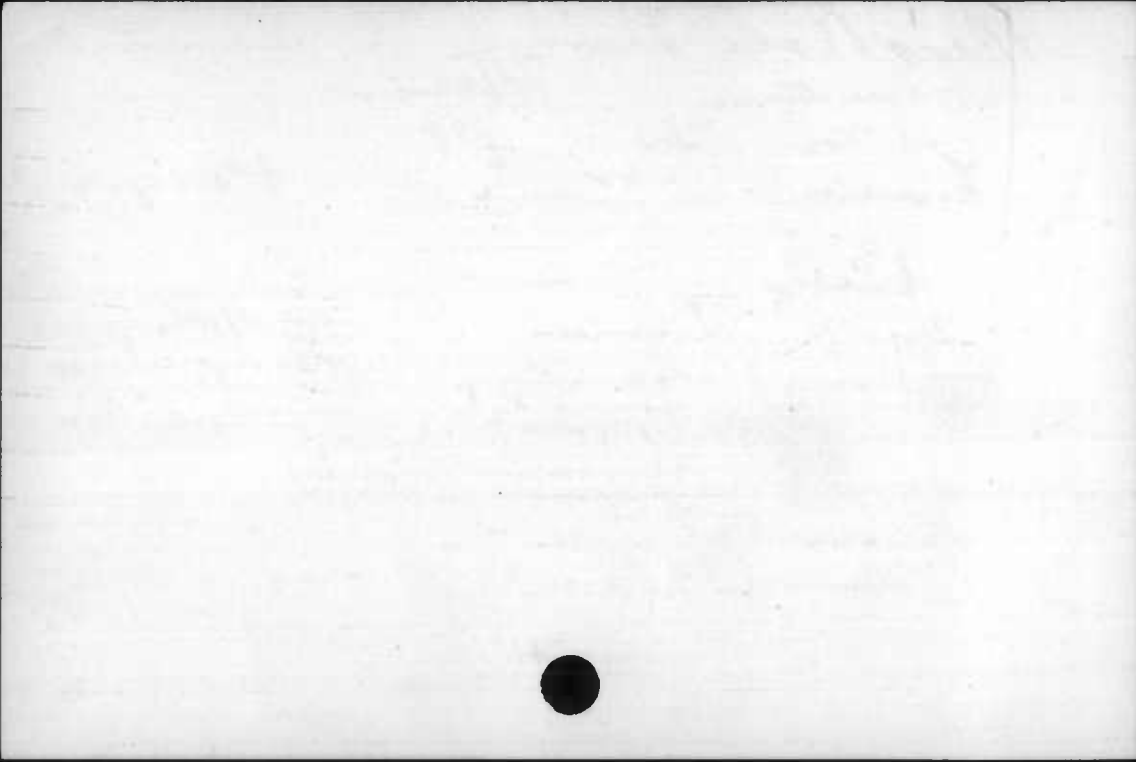
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------|---|-------|-------------|--------------|
| Died at <u>California</u> ^{Town} | | <u>St. Marys</u> ^{County} | | MARYLAND | |
| Date of death | 1909 | Month | Nov | Day | 30 |
| Age | | Years | 18 | Months | |
| Sex | Male | Color or Race | white | Birth-place | St. Marys Co |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | Father's Birthplace | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | |
| Name of person giving information | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|-------------------|
| Primary | <u>Typhoid fever</u> | How long | <u>four weeks</u> |
| Immediate | <u>Peritonitis</u> | How long | <u>2 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Address | |
| Accident or Suicide? | | | |



Name
in
Full

Miss Rose Lumen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------------|--|---------------|-----------------|-------------------------------|
| Died at <u>Lions Station</u> ^{Town} | | <u>Harford</u> ^{County} | | MARYLAND | |
| Date of death <u>1909 Nov</u> | Month <u>Nov</u> | Day <u>23</u> | Age <u>39</u> | Years <u>39</u> | Months <u>—</u> Days <u>—</u> |
| Sex <u>Female</u> | Color or Race <u>white</u> | Birth-place <u>St Marys</u> | | | |
| Occupation <u>None</u> | | Where Residing if not at place of death <u>—</u> | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>—</u> | | | | |
| Father's Name <u>Daniel Lumen</u> | Father's Birthplace <u>Harford Co</u> | | | | |
| Mother's Maiden Name <u>Rose & Maddox</u> | Mother's Birthplace <u>— (1) 27</u> | | | | |
| Name of person giving information <u>John Hamid</u> | | How related to deceased <u>Son-in-law</u> | | | |

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Resistant Liver</u> | How long <u>Two weeks</u> |
| Immediate <u>Hemorrhage of bones</u> | How long <u>24 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Thos Lumen</u> |
| | Address <u>—</u> |
| Accident or Suicide? <u>—</u> | |

